

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/537069

FILING DATE

22 MAY 2006

CLAIMS													
	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT			AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/				51			/			
2	/		/				52			/			
3	/		/				53			/			
4	/		/				54			/			
5	/		/				55			/			
6	/		/				56			/			
7	/		/				57			/			
8	/		/				58			/			
9	8		/				59			/			
10	X		/				60			/			
11	O		/				61			/			
12	O		/				62			/			
13	O		/				63			/			
14	O		/				64			/			
15	O		/				65			/			
16	O		/				66			/			
17	O		/				67			/			
18	O		/				68			/			
19	O		/				69			/			
20	O		/				70			/			
21	/		/				71			/			
22			/				72			/			
23			/				73			/			
24			/				74			/			
25			/				75			/			
26			/				76			/			
27			/				77			/			
28			/				78			/			
29			/				79			/			
30			/				80			/			
31			/				81			/			
32			/				82			/			
33			/				83			/			
34			/				84			/			
35			/				85			/			
36			/				86			/			
37			/				87			/			
38			/				88			/			
39			/				89			/			
40			/				90			/			
41			/				91			/			
42			/				92			/			
43			/				93			/			
44			/				94			/			
45			/				95			/			
46			/				96			/			
47			/				97						
48							98						
49			/				99						
50			/				100						
TOTAL IND.	8		8										
TOTAL DEP.	23	←	87	←									
TOTAL CLAIMS	31		95										